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## BIB DATA SHEET

CONFIRMATION NO. 3216

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/725,837	12/01/2003 RULE	601	3771	017622-000130US

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/152,782 09/14/1998 PAT 6,656,141  
 which is a CIP of 08/860,430 09/05/1997 PAT 5,916,183  
 which is a CIP of 08/390,866 02/17/1995 ABN

 Yes /CTO/
 
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
 None /CTO/
 
**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\*\* SMALL ENTITY \*\***  
03/01/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	CA	10	9
Verified and /CLINTON T OSTRUP/ Acknowledged _____ Examiner's Signature _____		Initials			2

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**TITLE**

Multiple sleeve method and apparatus for treating edema and other swelling disorders

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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